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Rhode Island Department of Elementary & Secondary Education
SPECIAL EDUCATION REQUEST FOR IMPARTIAL
DUE PROCESS HEARING

Official Use Only
(Date Filed)

Instructions

This form is to be completed by the person requesting a due process hearing on matters regarding the education of a child with a disability under the federal Individuals With Disabilities Education Act (IDEA) and Rhode Island Special Education Regulations. For information on the appropriateness of this request or to file for mediation and/or pursue alternative dispute resolution options, please consult the Rhode Island Department of Education web site at www.ride.ri.gov or call the Rhode Island Department of Education, Office of Special Populations at (401) 222-3505. Please complete all requested information and mail this completed form to:

Rhode Island Department of Education
Office of Special Populations
255 Westminster Street
Providence, RI 02903

A copy of this request **MUST** be filed with the Superintendent of the School District.
Failure to completely fill out this form may result in a reduction of any attorney's fees to which the parent may ultimately be entitled.

PERSON FILING REQUEST: _____

ADDRESS: _____
 Street City/Town State Zip Code

TELEPHONE/FAX/CELL: _____

STUDENT'S NAME: _____ **DATE OF BIRTH:** _____

SCHOOL AND GRADE LEVEL: _____

ATTORNEY OF RECORD (if represented): _____

ADDRESS: _____
 Street City/Town State Zip Code

Specific complaint: (You may attach additional sheets if needed)

Proposed resolution of the complaint: (You may attach additional sheets if needed)

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Signature: _____ **Print Name:** _____
Date: _____